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55111 7590 04/18/2007

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY & POPEO, P.C.
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07/20/2007 SFELEKE2 00000006 10644349

01 FC:2501 700.00 DP
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(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/644,349 08/20/2003 Richard A. Shimkets 15966-557 PO (CURA 57 5850

TITLE OF INVENTION: METHODS FOR DIAGNOSING AND TREATMENT OF HYPERPHOSPHATEMIC CONDITIONS USING FGF20 POLYPEPTIDES,

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	07/18/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
SAOUD, CHRISTINE J	1647	514-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
Glovsky and Popeo, P.C.
2 Ivor R. Elrifi, Esq.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

CuraGen Corporation

New Haven, CT

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
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- ☒ Advance Order - # of Copies 10

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- ☒ A check is enclosed.
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Jennifer A. Karnakis

Date

July 17, 2007

Typed or printed name

Registration No.

53,097

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date of Deposit: July 17, 2007

Attorney Docket No. 15966-557 PO (Cura 57 PO)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : Shimkets *et al.*

SERIAL NUMBER : 10/644,349

EXAMINER : Christine J. Saoud

FILING DATE : August 20, 2003

ART UNIT : 1647

FOR : METHODS FOR DIAGNOSING AND TREATMENT OF HYPERPHOSPHATEMIC
CONDITIONS USING FGF-20 POLYPEPTIDES

MAIL STOP ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

July 17, 2007
Boston, Massachusetts

TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified application please find the following documents:

1. Issue Fee Transmittal (1 page);
2. Check No. 24430 in the amount of \$1,030.00;
3. Return Postcard.

The Commissioner is hereby authorized to charge payment of any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311, Reference No. 15966-557 PO (CURA-57 PO). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

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